21504 70380	47892)		State of Ne Investi		Mot	tor Ve	hicl	e Ad	ccide	en	t Re	eport	(Shee	et _1	of	4		
3	Total Nu of Vehi		Local No./ District 036		Agency Case No.	35-107723	3			F	HIT & RUI		INVESTIGA	YES		T SCENI	E? L	1	
A/1 02 A/2	DATE OF ACCIDENT	11/18	3/2015 S M T W TH F S TIME OF ACCIDENT 2026 Ar										Amen						
В	PLACE OF ACCIDENT	COUNTY	Larioadi										11/20						
45	ROAD ON WHICH STREET/ O Stroot S46 to S49												LATITUDE						
c 4	ACCIDENT OCCURRED HIGHWAY NO. O STIEGE S40 to S40 DISTANCE FROM FEET N S E W OF HIGHWAY NO.												LONGITUD	-					
T	MILEPOST IF AT INTERSECTION IF NOT AT INTERSECTION																		
2	NAME OF INTERSECTING ROADWAY X FEET MILES N S E W OF NEAREST STREET, BRIDGE, RAILROA 217.00 X S 48												ROAD C	ROSSIN	١G				
V1/M 08 V2/M	B IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN MILES N S E W AND N S E W OF NEAREST																		
01 E 1	R. WORK R1 R2 R3 R4 S. PEDESTRIAN S1 S2 S3 S4 S5-a S5-b S6-a S6-b DOES ACCIDENT INVOLVE DAMAGE STATE DEPT. OF ROADS' PROPERTY CODES YES																		
· F	VEHICLE NO. 1												\equiv		FEMAL				
1 V1/N	DRIVER LICENSE		NO. H13449						PHONE	000	701	STATE (Of License)	NE LOCAL NO	SE O.		FEMAL MALE	.E		
2	JOSE L RIOS-MARTINEZ DRIVER ADDRESS CITY, STATE, ZIP DATE OF PRINTING 02/40/4097														V	′1/1			
V2/N 2	OWNER PHONE LOCAL NO.														18				
G	Erica Arellano 4028539149 H/F/07-06-1990 OWNER ADDRESS CITY, STATE, ZIP CITATION X YES CITATION OF THE PROPERTY OF THE PROPER														/1/2				
6	2930 N Cotner, Lincoln, NE 68507 PENDING NO LB493 LICENSE Intransit YEAR												STA	TE		V	1/3		
2	PLATE													(Of Plate) STIMATED DAMAGE **TOTALED \$					
V1/O 3	VEHICLE ID NO. (VIN)	т'	2004 2NE52F94M	1		Grand Am	1	4 000	i Seuai	11	INSURANC	E COMPANY Tessive	TOTALE	υ ψ			V	1/5	
V2/O 2	TOWED TO				TOWED BY	al Towing					POLICY NO							18	
1	101 0110	110010			Capito		HICLE	NO. 2			3001	17331						40	
1	DRIVER LICENSE		NO. H12584	797					Truckie			STATE (Of License)	NE	SE	x X	> FEMAL > MALE	.E		
V1/P 1	ABDUL DRIVER ADDRI		RKASH		OUT) (STATE, ZIP			4028	305	4622	2.75.05	LOCAL NO	<i>)</i> .			_	/2/1	
V2/P			, LINCOLN,	NE 6850		SIATE, ZIP			PHONE			DATE OF BIRTH (MM / DD / YYYY	07/01		56			18	
1 J	ABDUL OWNER ADDRI		(ASH		CITY	STATE, ZIP			4028		4622 ITATION		CITATION					18	
01	4438 Vir		coln, NE 68	503	OITI, C	JIAIE, ZII				(⊃ PEND	NG X NO	CHAHON					2/3	
V1/Q 1	LICENSE PLATE	PA YEAR	NO. RSL037	MAKE	In	MODEL		BODY STY	15	(Pla	YEAR te Expires)	2016	STIMATED F	(Of PI	ate)	NE	V	2/4	
V2/Q	VEHICLE	TEAN	1997	Toyota		Camry		I	r Seda	- 1	gray			TIMATED DAMAGE TOTALED \$					
4 к	VEHICLE ID NO. (VIN) TOWED TO	4T1	BF22K6VU	035445	TOWED BY							g of Wisco	nsin					18	
01											2745	95011	1 1			1 4 1		40	
		Comp (Com	olete this se oplete a continuati	ion report, if m	nore than th	ured pers hree were inju	sons red)					OF BIRTH	Seat Position	2 Eject	Body Region	Injury Sev.	5 Trans.	SEX M F	
VEH. #	JOSE L F	RIOS-N	MARTINEZ 93	5 N 66 Stre	eet, Linco	oln, NE 68				0	02/19/1987 01 1 02 4 1								
1	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	RVICE NAM	E				EMS RUI	1 REPC	ORT NO.				
VEH. #		I KARI	(ASH 4438 Vi		DRESS , NE 68	503				0	7/01/19	956	01	1	05	4	1	М	
2	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	RVICE NAM	E				EMS RUI	√ REPC	ORT NO.			-	
VEH. #	NAME		I	ADI	DRESS														
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	RVICE NAM	E				EMS RUI	N REPO	DRT NO.				

Т	THE FOLLOWING	INFORMATIO	N IS REQUIRED FO	OR ALL ACCIDEN	ITS								
			BY DIAGRAM WHAT HAP	PENED AG	AGENCY CASE NO. B5-107723								
Indicate North by Arrow					٠								
	POI: V1 vs V2 5" W of W Curb of S 48 Street b'8" N of S Curb of O Street V2 vs V3	i.											
	4" W of W Curb of S 48 Street 9'8" N of S Curb of O Street No skids						•						
			·····································			-	•						
			Ĵ										
					٠								
		← S46	O Street	S48				٠					
				Not To Sc	ale								
to deal with his bloody nose. The three. The driver of vehicle three				•	e one whi	cn pusne	d him into	venicle					
OBJECT DAMAGED OWNER	R NAME	ADDRESS		PHONE		APPRO	X. COST OF	DAMAGE:					
OBJECT DAMAGED OWNER	R NAME	ADDRESS		PHONE	APPROX. COST OF								
NAME NAME		ADDRESS				PHONE							
		ADDRESS				PHONE							
VEHICLE MOVEMENT BEFORE COLLISION VEH N S E W ROAD OR HIGHWAY NAME	POINT OF IMPAGEMENT DAMAGE (Enter numbers for e	D AREA	AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	occu	IPANTS	1 1	/EH 2					
1 X O Street	VEHICLE 1	VEHICLE 2	- 1	2	ALCC TEST	TING No							
2 X O Street	IMPACT UI	NINT OF 05	1 Deployed - front 2 Deployed - side	1 None used - vehicle occup 2 Lap & shoulder belt used 3 Shoulder belt only used	─ LEV	EL N	X N X	N					
07 Making U-turn	DAMAGED 01 DAI	MAGED 05 AREA	 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 	4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet use	Al	 _COHOL/ DRUGS	Driver No. 1	Driver No. 2					
01 Essentially straight ahead traffic lane 102 Backing 10 Parked 11 Slowing or 104 Overtaking/ stopped in traffic	00 None	03 04 - 05 05 - 06	6 Unknown VEHICLE 2	8 Costume helmet used 9 Restraint use unknown VEHICLE 2	1 Ne 2 Yes 3 Yes 4 Yes	s - alcohol su s - drugs sus s - alcohol &	nor drugs s	uspected					
05 Turning right 13 Unknown OFFICER NO. TI	ROOP/ TEAM/ 2	DEPARTM	4 Interest American America	at		Photog	raphs S	→ YES					
INVESTIGATOR NAME (Print or Type)		INVESTIGATOR SIGNA	<u> </u>	IL .		tanenii		J INU					

215047892 70380				State of Nebraska Investigator's Motor Vehicle Accident Continuation Re									on Rep	Oort Sheet 3 of					4		
					Local No./ District 036				Agency Case No.	B5-107	723							state us I <i>mei</i>		. ~	
Vehic Code fron	es	11/	DATE 0		ENT (MM/DD/	YYYY)	PLACE OF ACCIDEN			ncaster								IIIIEI	Tue	:u	
Overl #2	ay				DENT OCCUR	DED STR		LII	ncoln Stroc	et S46 t	o S/18									Sequence of Events	
VEH		KOAD	ON WII	ICIT ACCI	DEINI OCCOI	CKED STR	LL 1/1 IIGI IVV			E NO. 3	_								\dashv	VEH.#	
3		DRI\ LICE		NO.	H131456	13145676 STATE (Of License) PHONE LOCAL NO.											SEX	FEN	/ALE LE	3	
м 01		ELIZA R PEREZ 3082587763												AL NO.				1. 18			
2	_	DRIVER 3207 OWNER											01		2.						
0	4	JULIO V PEREZ / ELIZA R PEREZ 3082587763											0.71		3.						
1			3207 KENNEDY, Grand Island, NE 68803											CITA		0.					
P 1		LICE PLA	NSE P	NO.	8F4125	MAKE		MODEL		BODY STYL		(Plati	YEAR te Expires) COLOR	2016	CTIMA	(Of	TATE Plate)	NE		4.	
Q		VEH	ICLE		07	Honda		CRV		Compa		lity	silver /	chrome o	hrome TOTALI			ALED \$ 250			
4		VEHIC NO. (LE ID	JHLRE3	38727C04	8574							INSURANCE Farmer	s Mutual						18	
	Ì	TOWED	го				TOWED BY						POLICY NO.							^{6.}	
VEH	.#							V	'EHICI	E NO. 4	1		710020	002						VEH.#	
4		DRI\ LICE		NO.							PHONE			STATE (Of License)	1.00	AL NO.	SEX	FEN MA		4	
М											FHONE				Loc	AL NO.				1.	
N	-		ADDRESS	5			CITY, S	STATE, ZIP						DATE OF BIRTH (MM / DD / YYYY						2.	
		OWNER									PHONE				LOC	AL NO.					
0		OWNER	ADDRESS	5			CITY, \$	STATE, ZIP					TATION > PENDIN	YES	CITA	TION NO.				3.	
Р		LICE PLA		NO.									YEAR te Expires)			(Of	TATE Plate)		Ì	4.	
Q	\dashv	VEH	ICLE	,	YEAR	MAKE	N	MODEL		BODY STYL	_E		COLOR			TED DAM.	_			5.	
		VEHIC NO.		'			1			1		1	INSURANCE	COMPANY							
	ľ	TOWED					TOWED BY						POLICY NO.							6.	
			MOVE			POINT OF	IMPACT AN	ID	AIR	BAG DEPL		T		AINT USE	Т	TOTAL		VEH	VEI	н	
VEH		S E W	E COLL	DAD OR		MOST DAN Inter numbers		VEHICLE 3	3_	VEI 2		ICLE 3	-	CCUPAI	ا	3 2 Driver N	4	- Na			
	14		O Street VEHICLE 3 VEHICLE 4					,	_				-			LCOHO	_			ver No.	
3	+	X	U Str	eet	POINT OF		POINT OF	CLE 4		4		1	None used -	vehicle occupar	I	ALCOHOL LEVEL	\vdash	Υ	Y		
4					IMPACT MOST	05	IMPACT MOST		2 De	ployed - front ployed - side		2 1	Lap & shoul Shoulder be	lder belt used It only used	\vdash	TESTED AC LEVEL	-	۷ X	N		
3	1	1	06 Tu	rning left aking U-turn	DAMAGED AREA	05	4 No	ployed - both to deployed to applicable/	front/side	5 (Lap belt onl Child safety Child booste	y used seat used er seat used	\vdash	LCOHO		Driver N	o. Driv				
4			08 En	tering ffic lane	00 None	(02 03	. 04	No	airbag availa known	ble	7 1	DOT approv Costume he	ed helmet used Imet used		DRUGS	s -	<u>3</u> 1		_4	
St	raig	ntially ht ahead		ffic lane	09 Top &	windows _	-			VEHICLE _4	4	9	Restraint us VEH	icle 4	_ .	1 Neither	alcoho	ol nor dru		pected	
02 B 03 C	han	ging lane	10 Pa s 11 Slo	owing or	10 Under		1 - \	05								2 Yes - al 3 Yes - dr	ugs su	spected			
P	assi	aking/ ng ng right	12 Ot	ppped in tra her iknown	12 Other	(08 07	06					_			4 Yes - al 5 Unknov		drugs s	uspecte	ed	
		-99			e this se	ction fo	r all inj	ured pe	sons	5				OF BIRTH	S	1 2 Seat Eje		3 4 ody Injugion Se		SEX M F	
VEH		NAME				Al	DDRESS						· ·		10	Sition	ING	gion de	v.		
VEN	L	LOCAL N	O.	MEI	DICAL FACILITY N	NAME			EMS S	SERVICE NAME					EM	IS RUN RE	PORT	NO.			
	-	NAME				Al	DDRESS					Т			+				_		
VEH		LOCAL N	0	IME	DICAL FACILITY	JAME			EMC	SERVICE NAME	:				EN	IS RUN RE	POPT	NO			
				IVIE	D.ONE I ACILITY				LIVIO 3	JERVIOL NAIVIE	<u> </u>					.o NON RE	_, _,,				
VEH	. #	NAME				Al	DDRESS														
		LOCAL N	AL NO. MEDICAL FACILITY NAME EMS SER								EMS SERVICE NAME						EMS RUN REPORT NO.				

	ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT AGENCY CASE NO.																		
														AGENCY CASE NO. B5-107723					
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Indicate																			
North by Arrow	,	•	•	•	-	•		•		•	•	•		•	•		•	•	
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≥ OBJECT DA	AMAGED)	OWNE	R NAME				ADDRESS					PHONE			APPROX	COST OF	DAMAGE	
B E E E			011015																
OBJECT DA	AMAGED)	OWNE	R NAME				ADDRESS					PHONE			\$	COST OF	DAMAGE	
n NAME								ADDRESS							PH	HONE			
SSE												· none							
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OBJECT DA OBJECT DA OBJECT DA OBJECT DA NAME NAME OFFICER NO.																			
OFFICER NO.			T	ROOP/ TEAM/ BEAT 2			Ţ	Lincoln Police Department											
1517 BEAT 2								R SIGNATU		e Deba	uunent								
										_				DATE OF					
David V	۷und	erlich					Approv	ed by	Officer	David \		DATE OF 11/20/2015							